

# Highlights from this issue

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## Therapeutic colonoscopy: a new polyp scoring system and an old technique updated

Our series of practical articles about best endoscopic provision continues in this edition of *Frontline Gastroenterology*. Following last edition's piece on setting up an out of hours endoscopic service, we are delighted to publish a consensus paper describing a technique of assessing the difficulty of endoscopically removing any given colonic polyp. Defying the cliché that a camel is a horse designed by expert committee, this author group of national experts in advanced endoscopy have devised a relatively straightforward scoring system that should help rationalise service provision. Despite originally emerging out of the UK bowel screening programme, the instrument may come to have a role in training and competency assessment. The development of this instrument was through use of the Delphi process, and for the unfamiliar reader the article also includes a brief description of this increasingly utilised process, to develop guidance in areas where there is little published evidence but large clinical need.

A second endoscopic article in this edition reviews an area with little clinical evidence, but a potential distinct clinical utility, namely topic of intra-lesional steroid injections for structuring Crohn's disease. The low

prevalence of the condition renders unlikely a trial against the obvious alternative technique of balloon dilation, so a review of the available literature is timely and pertinent.

## Innovations in liver disease: early detection of hepatitis C and a multidisciplinary service for benign liver disease

Our hepatology articles in this edition include a very interesting paper evaluating a simple investigation (dry blood spot testing) in a difficult to access population (drug users). Drug users represent the largest at-risk population for Hepatitis C, and these individuals suffer with the twin problems of poor venous access and difficult engagement with services. They demonstrate utility and cost efficiency of the test, raising the possibility of early detection and treat hepatitis C in this population and potentially other ones in developing countries.

The Imperial College group present their experience of establishing a multidisciplinary service for non-alcoholic fatty liver disease. Using a range of lifestyle and conservative interventions they describe the improvements in liver and cardiovascular parameters. This positive prospectively collected data, analysed at 5 years, raises the need for future health economic analyses and possibly wider adoption of such services.

## Translating national datasets in to clinical outcomes

The UK has been at the forefront of two particular national health developments in gastrointestinal practice, the national IBD audit and the bowel cancer screening programme. Though both are in their relative infancy, they have already yielded data which we are pleased to be able to highlight in this edition of *Frontline Gastroenterology*.

Alrubaiy *et al* have brought together key messages from sequential rounds of the UK National IBD Audit, identifying the longitudinal trends of care for IBD patients. They are a powerful argument for the potential benefits of well conducted audit: they make the case that care of patients with acute severe inflammatory bowel disease has been improved by measurement against national standards.

Codd *et al* have studied the large national dataset of the bowel cancer screening programme, and addressed the emerging wide variation in treatment of polyp cancers. They document the variation in practice between teams across Wales, similar to other findings in England and Scotland. The authors have also demonstrated the increasing workload anticipated from a population based screening programme and conclude by searching for solutions to this variation.